

Food Safety Program PO Box 1163 Richmond, VA 23218 804-786-3520

Retail Inspection Report

Firm Name		Phone Number:				No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations			
City	ysical Address: y/State/Zip Code:								
Date of Inspection Purpose of Inspection Extent		xtent of	of Inspection			Attention To:			
				ACTO	RS A	ND PU	BLIC HEALTH INTERVENTIONS		
		「=not in compliance NO=not obser		\=not a _l	pplica	able	COS=corrected on-site during inspection R=repeat v	riolatio	n
Con	npliance Status		CO	S R	1 1	Compl	iance Status	cos	R
	<u> </u>	Supervision					Protection from Contamination		
1		charge present, demonstrates				15	Food separated and protected		
2		ge, and performs duties			-	16	Food-contact surfaces: cleaned and sanitized		
2 Certified Food Protection Manager Employee Health Management, food employee and conditional					17	Proper disposition of returned, previously served, reconditioned, and unsafe food			
3		e; knowledge, responsibilities, and	ui				Time/Temperature Control for Safety Food		
	reporting					18	Proper cooking time and temperatures		
4	Proper us	se of restriction and exclusion			1	19	Proper reheating procedures for hot holding		
E	Procedur	es for responding to vomiting and			1	20	Proper cooling time and temperatures		
diarrheal events					21	Proper hot holding temperatures			
Good Hygienic Practices						22	Proper cold holding temperatures		
6		ating, tasting, drinking, or tobacco u	use			23	Proper date marking and disposition		
7		arge from eyes, nose, and mouth				24	Time as a Public Health Control: procedures and		
0		enting Contamination by Hands ean and properly washed			4	24	records		
8		nand contact with ready-to-eat food	1 or		-	Consumer Advisory			
9		proved alternative procedure prope				25	Consumer advisory provided for raw/undercooked foods		
40		e handwashing sinks supplied and			1		Food/Color Additives and Toxic Substances		
10	accessibl					26	Food additives: approved and properly used		
Approved Source						27	Toxic substances properly identified, stored and		
11		ained from approved source				21	used		
12		eived at proper temperature			4		Conformance with Approved Procedures		
13		good condition, safe, and unadulter				28	Compliance with variance/specialized		
14		records available: shellstock tags, destruction					process/HACCP		
			GOO	DD RET	AIL	PRACT	ICES		
Con	npliance Status		CC	S R	1	Compl	iance Status	COS	R
Safe Food and Water					4.4	Single-use/single-service articles: properly stored,			

Con	COS	R					
Safe Food and Water							
29	Pasteurized eggs used where required						
30	Water and ice from approved source						
31							
Food Temperature Control							
32	Proper cooling methods used; adequate equipment for temperature control						
33	Plant food properly cooked for hot holding						
34	Approved thawing methods used						
35	Thermometers provided and accurate						
	Food Identification						
36	Food properly labeled; original container						
	Prevention of Food Contamination						
37	Insects, rodents, and animals not present						
38	Contamination prevented during food preparation, storage and display						
39	Personal cleanliness						
40	Wiping cloths: properly used and stored						
41	Washing fruits and vegetables						
Proper Use of Utensils							
42	In-use utensils: properly stored						
43	Utensils, equipment and linens: properly stored, dried, and handled						

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Cor	COS	R			
44	Single-use/single-service articles: properly stored, and used				
45	5 Gloves used properly				
Utensils, Equipment and Vending					
46	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				
47	Warewashing facilities: installed, maintained, and used; test strips				
48	Nonfood contact surfaces clean				
	Physical Facilities				
49	Hot and cold water available; adequate pressure				
50	Plumbing installed; proper backflow devices				
51	Sewage and waste water properly disposed				
52	Toilet facilities: properly constructed, supplied, and cleaned				
53	Garbage and refuse properly disposed; facilities maintained				
54	Physical facilities installed, maintained, and clean				
55	Adequate ventilation and lighting; designated areas used				
	Preoperational Inspections and Plan Approval				
56	Preoperational inspection conducted				
Health Hazards					
57	Cease operations during certain circumstances				

Violations:	
Additional Comments /Domes	
Additional Comments/Remai	cs:
Adultarated food items listed	in the following observations were destroyed with my consent:
	in the following observations were destroyed with my consent.
Violation	Initials of Responsible
number(s):	Person at the Firm
Witnessed the collecting,	marking, and sealing of sample(s) collected
	Initials of responsible person at firm
Sample number	Commodity
Portion of Sample was left w	:h Firm:
Drice Daid for Cample(s).	
Price Paid for Sample(s):	
Today's findings were discuss	ed with the most responsible person at the firm at the time of the inspection and this
-	nity to respond. A complete copy of the Retail Food Establishment Regulations for the
Enforcement of the Virginia	Dod Laws is available at: http://law.lis.virginia.gov/admincodeexpand/title2/agency5/chapter585/
Establishment (Signature):	
Received By Name & Title:	
·	
Inspector (Signature):	
Inspector Name:	

Firm Identification	o NEW/FIDM).		
Firm ID or CFN (if new firm writ Billing Exemptions: Not Exempt	e Newfikivij.	ŗ	Full Mailing Address(if different from physical address)
Water/Sewage Type Water Type:	Sewage Type:		
Business Status Health Department Also Inspec	ts:	Seating:	
Risk Category:	Inspection Frequency	(Months):	
Mobile:	Seasonal:		
Facility Type:			
If Retail Food Store, specific Typ If Other, list type of Retail Food Overall Store Description:			
Specialized Process:			
If Farmer's Market, specific Typ	e of Farmer's Market:		
Training Training inspection? Corrective Actions	If YES, who led:		
Food Item	Number of P	ounds	Corrective Action
Pictures Taken/Additional Atta	chments:	Refusals	

V

Were any refusals encountered?

Inspection Classification:

Action Indicator:

Follow up Necessary: If YES, Follow up Date: Letter Requested:

If a letter is requested, Choose Letter(s):

Next Routine Inspection Date:

iolations (continued):			
Additional Comments/Remark	cs (continued):		
Sample number		Commodity	